

## Commonwealth of Massachusetts Manufactured Buildings Program Notification of Non-Compliance

780 CMR R3.5 states that there shall be "no inspection entailing disassembly, damage to or destruction of certified Manufactured buildings, manufactured building components or manufactured homes..."

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Tracking Number:	(0, 1, 1, 1)		Date:
	(State Use)		
Complainant's Name:			
Address:			
Telephone:	Fax:		
Address of Non- Compliance:			
Reason for non-compliar	<b>ice:</b> (Provide attachi	ments if space pro	ovided below is insufficient.)
Building Manufacturer:			
State Label Numbers: Manufacturer's Serial #:		acturer's Serial #:	
Third Party Agency			
Municipal Building Offi	cial:		
Name:			
Telephone (	) -	Fax:	( ) -
City or Town:			
	_	_	with any attachments,
			IG PERMIT APPLICATION FOR SET CREW to:
and		ing Regulations a	
		Attn: Linda Shea	
		50 Maple Street	
	Milf	Suite One ord, MA 01757-30	6698
		umber: (508) 422-1	
		(State Use Only)	
Investigator:	Date assigned		
Date & resolution of com	olaint —		